



PTO/SB/01 (08-03)

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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**



Declaration
Submitted
With Initial
Filing

OR



Declaration
Submitted after Initial
Filing (surcharge
(37 CFR 1.18 (e))
required)

Attorney Docket Number 501012.20538

First Named Inventor Lila Vitsnudel

COMPLETE IF KNOWN

Application Number 10/622,355

Filing Date July 17, 2003

Art Unit

Examiner Name

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

ENHANCED WIDE DYNAMIC RANGE IMAGING

(Title of the invention)

the specification of which



is attached hereto

OR



was filed on (MM/DD/YYYY)

07/17/2003

as United States Application Number or PCT International

Application Number

10/622,355

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				Yes	No
60/396,323	US	07/18/2002	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
UNKNOWN	US	10/ /2002	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>


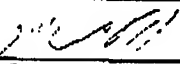
☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

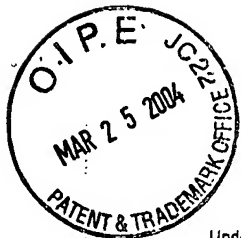
[Page 1 of 2]

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

DECLARATION — Utility or Design Patent Application

Direct all correspondence to: <input checked="" type="checkbox"/> Customer Number: 026418		OR <input type="checkbox"/> Correspondence address below	
Name William H. Dippert			
Address Reed Smith LLP 599 Lexington Avenue			
City New York	State New York	ZIP 10022-7650	
Country US	Telephone 212-521-5400	Fax 212-521-5450	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on my own belief are believed to be true; and further that these statements were made with the knowledge that false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.			
NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) Ilia		Family Name or Surname Vitsnudel	
Inventor's Signature 		Date 3/15/2004	
Residence: City Even Yehuda	State	Country IL	Citizenship IL
Mailing Address			
City Even Yehuda	State	ZIP	Country IL
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) Noam		Family Name or Surname Sorek	
Inventor's Signature 		Date 3/15/2004	
Residence: City Zichron Yaacov	State	Country IL	Citizenship IL
Mailing Address			
City Zichron Yaacov	State	ZIP	Country IL
<input type="checkbox"/> Additional inventors or a legal representative are being named on the supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.			



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**POWER OF ATTORNEY
and
CORRESPONDENCE ADDRESS
INDICATION FORM**

Application Number	10/622,355
Filing Date	July 17, 2003
First Named Inventor	Ila Vitsnudel
Title	Enhanced Wide Dynamic Range...
Art Unit	
Examiner Name	
Attorney Docket Number	501012.20538

I hereby appoint:

☒ Practitioners associated with the Customer Number:

026418

OR

☐ Practitioner(s) named below:

Name	Registration Number
William H. Dippert	26,723

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☒ The address associated with the above-mentioned Customer Number:

OR

☐ The address associated with Customer Number:

026418

OR

<input type="checkbox"/> Firm or Individual Name	Reed Smith LLP				
Address	599 Lexington Avenue				
Address	29th Floor				
City	New York	State	New York	Zip	10022-7650
Country	US				
Telephone	212-521-5400	Fax	212-521-5450		

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(a) is enclosed. (Form PTO/SB/98)

SIGNATURE of Applicant or Assignee of Record

Name	Ila Vitsnudel	
Signature	<i>Ila Vitsnudel</i>	
Date	3/15/2004	Telephone

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of _____ forms are submitted.

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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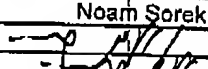
<input type="checkbox"/> Firm or Individual Name	Reed Smith LLP				
Address	599 Lexington Avenue				
Address	29th Floor				
City	New York	State	New York	Zip	10022-7650
Country	US				
Telephone	212-521-5400	Fax	212-521-5450		

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71, Statement under 37 CFR 3.73(a) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Name	Noam Sorek
Signature	
Date	5/15/2004

Telephone

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of _____ forms are submitted.

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